

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5. **FILED**
Jun 14, 2004 8:00 am
Secretary of State

05-03-2004 90418 029 ***150.00

DOCUMENT # P03000071767 1. Entity Name J.M.C. HOME IMPROVEMENT CORP.							
Principal Place of Business 3538 W 80 ST #202 HIALEAH GARDENS, FL 33018			Mailing Address 3538 W 80 ST #202 HIALEAH GARDENS, FL 33018				
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country					
4. FEI Number 20-0140110				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CARAMELLA, JUAN M 3538 W 80 ST #202 HIALEAH GARDENS, FL 33018			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D. CARAMELLA, JUAN M 3538 W 80 ST #202 HIALEAH GARDENS, FL 33018		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PDS		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: Juan M. Caramella, Pres				06/08/04 (305) 303-8677			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			

66427836

